

Return to: City of Houston
Utility Customer Service
W.A.T.E.R. Fund Section
4200 Leeland
Houston, TX 77023

CITY OF HOUSTON
Public Works and Engineering Department
Phone: (713) 371-1400 Fax (713) 371-1069

APPLICATION FOR W.A.T.E.R. FUND ASSISTANCE

Please complete all sections. Indicate N/A if not applicable.

DATE OF APPLICATION

____ / ____ / ____

NAME: _____

Prior Assistance? Yes ___ No ___

ADDRESS: _____

Amount: _____ Date: _____

BIRTHDATE	SEX	RACE	SOCIAL SECURITY #	T.D.L. OR I.D. #	TELEPHONE
					H: _____ W: _____

A copy of the birth certificate or Social Security card for each household member must be attached.

Number of people living in the household (including yourself): _____

Are any household members employed by the City of Houston? YES: _____ NO: _____

NAMES

BIRTHDATE

SOCIAL SECURITY #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISABLED ☐

Copy of written statement from physician certifying disability must accompany this application.

ELDERLY (60+) ☐

Is the applicant also 60 or above? If yes, then an application for waiver of late penalty is provided.
Yes: _____ No: _____

OTHER LOW INCOME ☐

ACCOUNT INFORMATION

Account number: _____

Current amount of bill: _____

A copy of the current water/sewer bill must be attached.

If the account is not in the name of the applicant, please explain here: _____

DO NOT MAKE ENTRIES BELOW THIS LINE. DO COMPLETE THE BACK OF THIS FORM.

FOR CITY OF HOUSTON USE ONLY

Eligibility Determined: ____ / ____ / ____

By: _____

Awarded \$ _____ . _____

Approved: _____

Category: _____
D E O

UNEMPLOYMENT SUPPORT VERIFICATION

I, _____, acknowledge that I have been unemployed since _____
_____, and that I am receiving \$_____ per month from _____
to help me meet living expenses. My last employer was _____, at
Tel.# _____. I am unemployed because _____.

DIVORCE VERIFICATION

I, _____, acknowledge that I have been divorced for _____ mos/yrs. I
receive \$_____ from _____, at Tel.# _____.

INCOME VERIFICATION () Employed () Self-Employed

Company Name/Employer _____ Address _____

I, _____, acknowledge that I have been employed since _____
as a _____. My income is \$_____ per month, and I will verify
this with an accountant's statement, 1040, or check stub.

Source of Income (money/wages/salary/other income)	Verification
Gross Monthly Income \$_____	Check Stubs <input type="checkbox"/>
Dividends & Interest \$_____	SS Award Letter <input type="checkbox"/>
Welfare Payments \$_____	Notarized Letter <input type="checkbox"/>
Pensions & Annuities \$_____	AFDC 3087 <input type="checkbox"/>
Unemployment Compensation \$_____	1040 Forms <input type="checkbox"/>
Other (_____) \$_____	W-2 Forms <input type="checkbox"/>
Workman's Compensation \$_____	Other (specify) <input type="checkbox"/>
Total Monthly Income \$_____	
Less all medical bills not reimbursed by insurance (elderly only). \$_____	
Comments: _____ _____ _____ _____ _____	

I am aware that a person commits an offense of perjury (CLASS A MISDEMEANOR under section 37.02 of the Texas Code - PUNISHABLE BY A FINE OF UP TO \$2000 OR CONFINEMENT IN JAIL FOR UP TO ONE YEAR OR BOTH) if, with intent to deceive and with knowledge of the statement's meaning, he/she makes a false statement under oath and the statement is required by law to be made under oath. I have read the above affidavit, and all statements therein are true and correct.

Signature - Applicant or Authorized Representative

Date

Witness

Intake Location Code